

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PLAINTIFF'S EXHIBIT

ALL-STATE LEGAL

D

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996FLORIDA DEPARTMENT OF STATE  
Sandra B. Morlham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000003758 (8)

1. Corporation Name

KELLER INDUSTRIES, INC.



Principal Place of Business

Mailing Address

1209 ORANGE ST.  
WILMINGTON DE 198011209 ORANGE ST.  
WILMINGTON DE 198013. Date Incorporated or Qualified  
08/03/1995 19513a. Date of Last Report  
1-30-95

4. FEI Number

APPLIED FOR

59-0656693

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3499 NW 53 Street

26 3499 NW 53 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Fort Lauderdale, FL

28 Fort Lauderdale, FL

24 Zip

Country

29 Zip

Country

33309

usa

33309

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, name and address of registered agent and corporation

(NOTE: Registered Agent signature required when name is changed)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	NAME	PD DOSS, WAYNE	<input type="checkbox"/> DELETE
12.2	STREET ADDRESS	1209 ORANGE ST.	
12.3	CITY-STATE-ZIP	WILMINGTON DE 19801	
12.4	NAME	VST ALLEN, FRED	<input type="checkbox"/> DELETE
12.5	STREET ADDRESS	1209 ORANGE ST.	
12.6	CITY-STATE-ZIP	WILMINGTON DE 19801	
12.7	NAME	D HERDRICH, DONALD J	<input type="checkbox"/> DELETE
12.8	STREET ADDRESS	1209 ORANGE ST.	
12.9	CITY-STATE-ZIP	WILMINGTON DE 19801	
12.10	NAME	D O'REILLY, PHILLIP A	<input type="checkbox"/> DELETE
12.11	STREET ADDRESS	1209 ORANGE ST.	
12.12	CITY-STATE-ZIP	WILMINGTON DE 19801	
12.13	NAME		<input type="checkbox"/> DELETE
12.14	STREET ADDRESS		
12.15	CITY-STATE-ZIP		

13.1	1. TITLE	PD DOSS, WAYNE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	2. NAME	3499 NW 53 Street	
13.3	3. STREET ADDRESS	Fort Lauderdale, FL	
13.4	4. CITY-STATE-ZIP	33309	
13.5	5. TITLE	VST ALLEN, FRED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	6. NAME	3499 NW 53 Street	
13.7	7. STREET ADDRESS	Fort Lauderdale, FL	
13.8	8. CITY-STATE-ZIP	33309	
13.9	9. TITLE	D HERDRICH, DONALD J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	10. NAME	3499 NW 53 Street	
13.11	11. STREET ADDRESS	Fort Lauderdale, FL	
13.12	12. CITY-STATE-ZIP	33309	
13.13	13. TITLE	D O'REILLY, PHILLIP A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	14. NAME	3499 NW 53 Street	
13.15	15. STREET ADDRESS	Fort Lauderdale, FL	
13.16	16. CITY-STATE-ZIP	33309	
13.17	17. TITLE	100001740581	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18	18. NAME	-03/12/96--01143--007	
13.19	19. STREET ADDRESS	***208, 75	
13.20	20. CITY-STATE-ZIP		
13.21	21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.22	22. NAME		
13.23	23. STREET ADDRESS		
13.24	24. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-96 (954) 777-2060

Date

Day, Time, Phone #